

WILLIAM BERKA  
2101-U167 Lakeview Circle  
Lewisville, TX 75057

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James C. Morrison  
CEDR Ombudsman (HFD-1)  
5600 Fishers Lane  
Rockville, MD 20857

November 7, 2000

SUBJECT: DEXATRIM

I don't know whether I'm enclosing the attached evidence to the right party, but your name came on the internet and I figured that you could send it to the right place.

I was injured by DEXATRIM in 1991. I was taking it to reduce my weight. One afternoon, I was driving home when my complete left side from my head to my leg went numb and all feeling in that side of my body disappeared. I pulled off to the side of the road to see if this was permanent. I thought that it was a stroke. After about 15 minutes, the sensation began to disappear, I drove on home. After I got home I called Ask A Nurse about my condition. She indicated that she thought that I had a minor stroke. After thinking about it she called me back in a few minutes and told me to get my butt to the hospital because that might have been a forewarning of some sort. I asked her if I could drive myself to the hospital. She said hell no, get some one to do it for you. I called a friend of mine and he came over and took me to the hospital. They asked me what my problem was and I told them I thought that I had a stroke. They put me into the emergency room and starting tests and xrays. After they got through with all of the tests and xrays, they said they couldn't find anything wrong with me. I was released. I am enclosing the Discharge Sheet from the hospital. The Doctor specifically wrote "No More Dexatrim." I stopped taking the stuff and I have not had that problem since that time. That was the only time that I have ever been in a hospital for sickness or accident. I am now 69 years of age.

I hope that this information helps the FDA in removing this drug from the market.

Sincerely,



William Berka  
Bberka@gte.net

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30 W. MAIN STREET / LEWISVILLE, TEXAS 75067 / (214) 420-1410

# EMERGENCY SERVICES NURSING DISCHARGE INSTRUCTION SHEET

LMH-49006 (1-90)

4500  
9 AM  
SAT  
201

THE EXAMINATION AND TREATMENT WHICH YOU RECEIVED HAS BEEN ON AN EMERGENCY BASIS, AND IS NOT INTENDED TO BE A SUBSTITUTE FOR COMPREHENSIVE CARE PROVIDED BY YOUR PERSONAL PHYSICIAN. IF YOU DO NOT HAVE A PRIVATE PHYSICIAN, WE WILL REFER YOU TO A PHYSICIAN FOR APPROPRIATE FOLLOW-UP CARE.

INSTRUCTIONS: ☐ SEE PHYSICIAN INSTRUCTIONS

No more dexamtrm

See family doctor in 2 days for recheck and repeat blood pressure

Return to ER if any more numbness or weakness returns

MEDICATION PRESCRIBED: ☐ SEE PHYSICIAN INSTRUCTIONS

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BENKA WILLIAM

YOU HAVE RECEIVED OR BEEN PRESCRIBED A MEDICATION THAT MAY CAUSE DROWSINESS—DO NOT DRIVE OR OPERATE MACHINERY REQUIRING ALERTNESS. DO NOT TAKE WITH OTHER SEDATIVE DRUGS OR ALCOHOL.

INSTRUCTION SHEETS GIVEN:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> ABDOMINAL PAIN      | <input type="checkbox"/> CORNEAL ABRASION | <input type="checkbox"/> FRIENDS OF FAMILY | <input type="checkbox"/> KNEE STRAIN              |
| <input type="checkbox"/> AUTOMOBILE ACCIDENT | <input type="checkbox"/> DRUG AND ALCOHOL | <input type="checkbox"/> HEAD INJURY       | <input type="checkbox"/> CONJUNCTIVITIS (RED EYE) |
| <input type="checkbox"/> BACK PAIN           | <input type="checkbox"/> FEVER            | <input type="checkbox"/> LACERATION        | <input type="checkbox"/> SPRAIN                   |
| <input type="checkbox"/> BURNS               | <input type="checkbox"/> FRACTURE         | <input type="checkbox"/> NECK STRAIN       | <input type="checkbox"/> VOMITING/DIARRHEA        |

FOLLOW-UP PHYSICIAN: PLEASE MAKE AN APPOINTMENT TO SEE DR. Garcia

IN \_\_\_\_\_ DAYS. PHONE No. \_\_\_\_\_

**NOTE:** CALL AS SOON AS POSSIBLE TO INSURE GETTING AN APPOINTMENT WITHIN THE RECOMMENDED TIME PERIOD, CALL OR RETI ASSISTANCE.

TESTS AND TREATMENTS RECEIVED:

- |   |   |                                |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> X-RAY       | <input type="checkbox"/> URINALYSIS     | <input type="checkbox"/> BLOOD |
| <input checked="" type="checkbox"/> EKG         | <input type="checkbox"/> THROAT CULTURE | <input type="checkbox"/> STOOL |
| <input checked="" type="checkbox"/> BLOOD TESTS | <input type="checkbox"/> URINE CULTURE  | <input type="checkbox"/> WOUND |

ALL EKG'S AND X-RAYS ARE REVIEWED BY SPECIALISTS IN THE INTERPRETATION DIFFERS FROM THAT OF THE EMERGENCY PHY. IF THEIR PERSONAL PHYSICIAN WILL BE NOTIFIED. OR YOUR

CULTURE RESULTS ARE USUALLY AVAILABLE WITHIN 48 HOURS. IF THE NEED FOR RE-EVALUATION OR CHANGE IN TREATMENT, YOU WILL BE NOTIFIED. YOU MAY AL E.R. FOR RESULTS.

I HAVE READ AND UNDERSTAND BOTH THE ABOVE INSTRUCTIONS AND THOSE PROVIDED BY THE PHYSICIAN. I HAVE RECEIVED A COPY OF THOSE INSTRUCTIONS AS WELL AS THE INDICATED INSTRUCTION SHEETS, AND WILL ARRANGE FOR FOLLOW-UP CARE AS INDICATED.

DATE 6/13/91

INSTRUCTED BY:

CKing RJ

PATIENT SIGNATURE:

X. Bill Burk

stay!!  
FIRST TIME EVER Hospital